

PATENT APPLICATION Attorney Docket: 678-618 (P9660)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

opplicant(s):

Yong-Moon SEON

Examiner: Gelin, Jean A.

Serial No.:

09/847,001

Group: Art Unit 2681

Filed:

May 1, 2001

Dated: December 20, 2004

For:

AN APPARATUS AND A METHOD FOR CONTROLLING A PRIORITY

ACCESS AND CHANNEL ASSIGNMENT CALL. IN A MOBILE

COMMUNICATION SYSTEM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS	6	20	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	3	6	0	x100 =	\$0	x200 =	\$0
[] First Presentation of Multiple Dep. Claim	·			180		360	\$0

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an ope addressed to: Mail Stop Amendment, Commissioner of Patents, P.D. Box 1450, Alexandria, VA 22313-1450. envelope addressed to: Mail Stop Amendment, Commission

Dated: December 20, 2004

^{*} If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. <u>04-1121</u> in the amount of \$___. Two (2) copies of this sheet are enclosed.
- [] A check in the amount of <u>\$_</u> is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>04-1121</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>04-1121</u> therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,

Paul J. Farrell Reg No. 33,494

Attorney for Applicant(s)

DILWORTH & BARRESE, LLP 333 Earle Ovington Blvd. Uniondale, NY 11553 (516) 228-8484

PJF/DMO/las

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. ADD bursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).				Complete if Known						
FEE TRANSMITTAL				Application Number 09/847,00						
				Filing Date		May 1,	<u> </u>			
For FY 2005			L	First Named Inve		Yong-Moon SEON				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name			n, Jean A.			
				Art Unit		<u>681</u>				
TOTAL AMOUNT OF PAYMENT (\$) 450.00				Attorney Docket	No. 6	<u> 78-618</u>	(P9660)			
METHOD OF PAYMENT	(check all	that apply)								
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FEE CALCULATION	n P10-2038.			¥3.77						
1. BASIC FILING, SEARC	CH. AND F	XAMINATION F	EES							
1. DAGIO I ILINO, GEAR	FILING F	EES :	SEARC	H FEES	EXAMI	NATION				
Application Type	Fee (\$)	nall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (S	Small Fee		Fees Pai	d (\$)	
Utility	300		500	250	200	22 <u>ree</u> 10				
Design	200		100	50	130	6:	-			
Plant	200		300	50 150	160	81				
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Provisional	200		0		000		-	*		
2. EXCESS CLAIM FEES		100	U	0	U		0		mall Entit	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 or, for	Reissues,	each claim over 2	20 and	more than in th	ne origin	al patent		50	25 100	
Each independent claim or		r Reissues, each i	ındeper	ndent claim mo	re than	in the or	iginai pater	nt 200 360	180	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee				aid (\$)	e Depend	lent Claims	500	100		
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3. APPLICATION SIZE F	EE	1100 1	c	41 12		£1	easa (e.	25 for and	الملامم ال	
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4. OTHER FEE(S)								Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)										
Other: Two-Month Per	tition for E	xtension of Time						\$450.0	0	
UBMITTED BY	111	111						=======================================		
ignature Value	R	Registration No.33,494 Telephone 516 22			516 228-	8484				
ame (Print/Type) Paul I	[(A	(Attorney/Agent)			Date December 20, 2004					

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner to Peters, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 20, 2004